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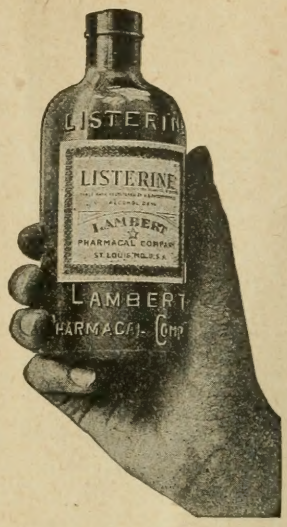

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Lectures on The History of Nursing*

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,

Curator of the Medical Museum, McGill University

In the spring of 1916 it was the writer's privilege to deliver, at the invitation of Miss Hersey, lady superintendent of the Royal Victoria Hospital, Montreal, the valedictory address to the graduating class of the nurses in training. The occasion was used to strike a note of warning against the materialism that threatens to engulf the nobility of the profession to-day, and the suggestion was made to the young graduates that the best means of keeping the fires of their ideals burning, and the lamp of their vocation alight within their hearts, lay in the personal study of the lives of those many saints and heroes who have preceded them in the same path, and whose story invests the pages of the history of nursing with that atmosphere of idealism carried into action that in itself constitutes a powerful spiritual force. The address ended:

"For the correction of this tendency, which may seem to you to-day so far away and impossible, but which may come to you to-morrow as a tempta-

*Delivered at the R. V. H. Training School for Nurses, Montreal, April 16th, 1916, and December, 1917, to March, 1918.

tion, and for the renewal of that spiritual force which alone can give you the inspiration that you need, I can urge upon you no better antidote or prescription than a study of the great lives of those who have gone before you. In all human effort, what we may call the biographical motive may be considered the simplest and most powerful. In the last analysis, and coming back to the sources of inspiration at least of modern times, it is the life of the great Founder of Christianity Himself which most of all inspires us to do and be. And in a lesser sense it is in the lives of those whose aspirations and perceptions have found a channel, first in the care of the sick poor, and then in the organization and nurture of your great profession, that you will find your surest sources of inspiration. Let any one of you sink herself in the story of the life work of those heroines of yesterday, as well as of to-day: Theresa of Avila, in Spain; Elizabeth of Hungary, St. Catherine of Siena, St. Francis of Assisi and Santa Clara of Damiano in Italy, Elizabeth Fry and Florence Nightingale in England, Anna Hamilton and Mlle. Bottard in France, Isabel Hampton Robb and Lavinia L. Dock of Bellevue Hospital, New York, Adelaide Nutting of the Johns Hopkins' Hospital and Teachers' College of Columbia University, and, last but not least, Edith Cavell in Belgium, and the commercial spirit of your day must fall away from you, and the sacredness of your calling, with all its magnificent possibilities, rise again clearly to your view. If I may venture such an opinion, I think the history of nursing should form a part of the curriculum of every training school, or else be a subject of post-graduate study within its walls. In Japan, that enlightened country, the life of Florence Nightingale forms an integral part of the curriculum, and the pupil nurses are examined upon it. May I suggest that your first savings after graduation be expended on a copy of Sir Edward Cook's 'Life of Florence Nightingale,' and your next on that great, original and comprehensive book, 'The History of Nursing,' by Miss Nutting and Miss Dock. These are your sources of inspiration; and these books, if owned by yourselves, will become to you an asset of incalculable value."

It was followed by an outline, illustrated by a series of slides, of the life and personality of Florence Nightingale, the great originator of Army Medical Reform, and the founder of modern nursing as an art and a profession.

The reflection made on this occasion, that the history of nursing should form a part of the curriculum of every training school, was of course far from original with us, and it is mentioned here only because it undoubtedly brought to the writer, at a slightly later date, the opportunity of giving the series of lectures outlined below. The realization of the value of this subject to all students of nursing has grown upon the leaders of the profession on this continent ever since the road was broken in it by the appearance, in 1907, of the inspiring History of Nursing by Misses Nutting and Dock. This book is not only a mine of special information, more extensive than any hitherto brought together in the English language, but there runs through it that vein of enthusiasm that awakens an inevitable response. The admirable constructive work done in this respect, as in others, by the Department of Nursing and Health at the Teachers' College, Columbia University, under the direction of Miss Nutting and her associate, Miss Isabel Stewart, and its extension by outline courses on the History of Nursing in many of the leading American training schools, are the direct continuance of the same great work.

During the winter of 1917-18, a year after the delivery of the above-mentioned valedictory address, the writer gave, at the further invitation of Miss Hersey, an inaugural elementary course of eight lectures on the History of Nursing to the senior class of the Royal Victoria Hospital Training School. These lectures were richly illustrated by lantern-slides made from pictures drawn from many sources, including a few personal copies collected in European picture-galleries, and a descriptive list of these supplied the students with what was practically a complete outline of the work. In the preparation of the course, Nutting and Dock's History was mainly followed, but other authorities were consulted as well. Much help was obtained, especially in the supplying of references both for slides and material, from Miss Isabel Stewart of Teachers' College, to whom our sincerest thanks are due. In this connection, references must also be made to a valuable original chart made by Miss Stewart showing the curves of the history of nursing and of medicine throughout the centuries, and loaned to us by her for the purpose of these lectures, which is published below with her kind permission under Slide No. 33 of this series (Lecture III.).

Thanks are also due to Mr. William Muir, of the Anatomical Department of McGill University, for the preparation of the slides.

Since the delivery of these lectures, the lantern-slides used, with corresponding descriptive list, have been supplied by us, on the recommendation of Miss Stewart, to several American training schools at request. It is thought that both the outline of the lectures and the descriptive list of the slides will be of interest to the readers of the *Canadian Nurse,* especially as the slides may be had, either as a series or individually, together with a reprint of this article, practically at cost, through application to the author. It is hoped further that their publication here may give some slight impetus to the fuller study of this great subject in our Canadian training schools, whose graduates take such a responsible and influential part among the representatives of the nursing profession on this continent. It is to be understood that the outline given below is entirely fragmentary and is to be supplemented by those conducting such courses by direct reference to the authorities upon the history of nursing and medicine. On this account a full list of those consulted by us is given below.

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Neuberger, Max: History of Medicine, Vol. I.; translated by Ernest Playfair; preface by William Osler. Oxford University Press, 1910.

Lecroix, Paul: Military and Religious Life in the Middle Ages and at the Period of the Renaissance.

Mullenheim: Die Wochenstube in der Künst.

Richer: L'Art et la Médécine.

(The last three named contain numerous good illustrations.)

See also special articles in the *Encyclopedia Britannica, Catholic Encyclopedia, Dictionary of National Biography, Encyclopedia of Religion and Ethics,* and *Dictionary of Christian Antiquities.*

BIBLIOGRAPHY OF INDIVIDUAL LECTURES

In addition to the above, a number of articles of books bearing especially upon the subject-matter of the individual lectures have been consulted. A short bibliography of the most important of these is added at the head of each lecture.

OUTLINE OF LECTURES

LECTURE I.

PRIMITIVE MEDICINE AND MEDICINE UNDER THE ANCIENT CIVILIZATIONS. THE EBERS PAPYRUS.

Up to the time of Christ, the history of nursing cannot be differentiated from that of medicine, for among primitive peoples the two are intermixed, and, in the ancient civilizations, nursing was never done in an organized way.

AUTHORITIES CONSULTED: Primitive Culture, E. B. Taylor; Jesuit Relations, Vol. XVII., 1638-40, edited by Reuben Goldthwaite, 1918 (relates medical folk-lore among North American Indians). Cuneiform Medicine by Prof. Johnston, American Oriental Society, April, 1903; Medicine in Ancient India, by Surg.-Gen. G. A. Gordon; The Medical Features of the Papyrus Ebers, C. H. von Kline, Journal Medical Assoc., Dec. 23, 1905; Pharoahs Fellahs and Explorers, by Amelia B. Edwards; The Book of the Dead, translated by E. A. Budge. See also Nutting and Dock, Garrison, Neuburger, Berdoe, Withington.

1.

PRIMITIVE MEDICINE

REMARKS: Even among the lower animals the care of the young and the laws of self-preservation develop certain natural instincts for the combatting of disease and the care of injured members, which in some orders of higher intelligence, as birds, bees and ants, are carried to a remarkable extent and form a most interesting study. Among the savage nations of

the earth, who represent as it were the childhood of the race, an elementary nursing of the sick and wounded takes place to a greater or less extent in every tribe and lies mostly in the hands of its women, and nature's resources are called upon, sometimes to a surprising extent, in the use of herbs, cooling waters, fomentations, and the famous sweat-house of the aborigines. In addition, among all aborigines alike, the cause of the disease is always sought and is definitely traced by them to the influence of magic, which is first thought to be the result of an enemy's influence, then to the possession of the sick person by demons, and then, as intelligence becomes higher, to the influence of an angry deity or to possession by a god. An interesting variation of this idea was seen in the North American Indians, who held that sickness was due both to the influence of demons and to some ungratified desire or need of the sick person which is unknown even to himself and must be supplied before recovery can take place (*Jesuit Relations*). The result of this conception is that the idea of healing of the sick is always connected in primitive man with the thought of charming away the evil influence, and is connected with religious rites, and therefore the medicine-man or primitive doctor combines in his own person a knowledge of both natural remedies as herbs, etc., and also of religious ceremonies, the latter knowledge usually far predominating in him. He is thus, in a rudimentary fashion, considered to be a sort of priest-physician. This same idea is to be traced in a highly developed form in the medicine of the ancient civilizations, and even in the faith-cures of a later day, and no doubt depends upon the unconscious recognition of certain psychological principles.

Slide 1—Thibetan amulet used as a charm to exorcise demon of sickness among the native tribes.

Slide 2—Charm against toothache, from Jok county near Niger.

2

History of Medicine in the Ancient Civilizations (7000 to 2000 B.C.)

Remarks: Recent researches and excavations in those parts of the world that are known to have been the earliest civilized, such as the countries of Central Asia and Eastern Africa, have revealed beyond dispute the fact that many nations of remote antiquity, which have now either degenerated or sunk into oblivion, had arrived, many thousands of years before the Christian era, at a point of culture, education and refinement that in many respects equalled and in some even transcended the highest civilizations of to-day. There are written records proving that a high state of culture existed in Egypt as far back as 9000 B.C., and this seems to have reached its apex between 5000 and 2000 B.C. Other countries which were the seat of these ancient civilizations were Mesopotamia, which included Babylonia and Assyria, Armenia, Palestine, Persia, India, Ceylon, China, Mexico, Peru, and slightly later Japan, Crete, Greece and Etruria. In all these countries the conception held by the primitive savage

that disease was a form of demoniacal possession that must be charmed away, or driven out of the sick person by blows, had been entirely replaced by the idea of the priest-physician, who ministered to the body of the patient while sacrificing on his behalf to an incensed deity, or by the still later development in which the two offices were separated and discharged by two different persons, one of whom performed the religious offices and was the priest proper, while the actual treatment of disease was carried out by learned men who corresponded closely with the physicians of to-day. Egypt was especially famous for her learned physicians and had great medical libraries. The oldest medical book that has come down to us is an Egyptian one called the Ebers Papyrus. It was discovered in 1872 between the knees of an Egyptian mummy. It contains Egyptian medical records written between 4688 B.C. and 1560 B.C., which form an encyclopedia of disease. It enumerates most of the diseases known to-day and over 700 drugs, most of which are still in use, and describes modern principles of sanitation and rational methods of treatment which were reflected in the teachings of Hippocrates, and are followed in the practices of our best hospitals to-day. Little is said of nursing and hospitals in the history of Egypt, but both must have been carried on and existed. In ancient India the art of nursing was developed to a high degree, and the prevention of disease was studied even more than its cure. A Hindoo work, written about 1500 B.C., says the four qualifications of a nurse are: "Knowledge of the compounding of drugs, devotedness to the patient, cleverness, and purity of mind and body." Here, as in ancient Persia and Ceylon, there were hospitals or houses for the sick poor from very early times.

Slide 3—Outline map of the world, coloured pale yellow over seats of ancient civilization, deepened into red in areas which were seats of high development of medicine in 5000-2000 B.C. Red areas are in Mexico (Aztecs), Peru (Incas), Egypt, India, Persia, Mesopotamia, Babylonia, Assyria, Palestine, Ceylon and China, which latter was an advanced civilization closed to other countries from a remote time.

Slide 4—Anapa, the Sumerian god of healing, about 6000 B.C., the earliest known personage directly associated with medicine. (The Sumerians were the savages who preceded the Babylonians.)

Slide 5—Slide from the Egyptian "Book of the Dead," showing the Elyzian fields and Thoth, the god of healing, at the upper left hand corner of the slide, behind Ani, who is sacrificing to a bull-headed and hare-headed god, etc. (The Book of the Dead is one of the sacred Egyptian writings that has been published in modern form with numerous illustrations, and is to be found in most libraries.)

Slide 6—I-em-hotep, earliest known god of medicine in Egypt; a real man skilled in healing during his life time, who, after his death, became deified. This is the story of many of the gods of the old mythologies.

Slide 7—Temple of Edfu in Egypt, built in part by I-em-hotep.

Slide 8—Interior bas-relief from Temple of Edfu, showing I-em-hotep.

Slide 9—Table II. of the Ebers Papyrus.

Slide 10—Early Japanese medicine. Massage performed by the blind.

(To be continued.)

Hospital Diets

By Mrs. W. Garland Foster

The importance of diet should not be overlooked, even in the smallest hospital. It is not entirely a question of calories, but a question as well of fitting the diet to the special case and serving what is required in a way to tempt the patient's taste. This is not beyond the ability of the newest probationer in the smallest hospital in the country. Indeed, the small hospitals should be in a position to specialize in diet, for food prepared in small quantities can be made more palatable and served with less delay between the kitchen and the ward.

Only a limited number of doctors pay much attention to diet, so that there is therefore a greater responsibility devolving upon the nurse. In every hospital there should be a classification of diets understood between the kitchen and the wards. Thus regular diet may be classed as "full" diet; diets consisting of white meats and fish as "special"; diets for diabetic or nephritic cases as "restricted," with the limits set by the nurse or dietitian; shading down to semi-liquid diets consisting of cereals, soft-boiled eggs, custards and creams, and, finally, liquid diets. If there is a definite understanding of what these diets should consist, it will be easy to indicate daily how many of each is required and the changes from day to day following the patient's progress. There will then be eliminated many chances of mistakes in diet, which are often detrimental to a patient's recovery. In the case of liquid and semi-liquid diets, it is often more convenient to have them prepared in the diet kitchen of the ward; but the supplies necessary, such as eggs, cereals, milk and broth, should be indented for from the kitchen on the daily diet sheet.

In large hospitals, more than in small, it is difficult to serve meals hot as they should be with so many to serve. There are now many devices for keeping meals hot while serving, many of which are simple and inexpensive for the most primitive institution. Where twenty-five or more trays must be served to a ward, it is an advantage to have the carving done in the main kitchen; meat servings to the number required to be placed in a tray fitting into an oven having a jacket or coils, which may be filled with boiling water before placing the food inside. Additional trays may be filled with vegetables or hot puddings, and the whole serving sent to the ward requiring it without delay. This, of course, requires that individual serving must be done in the ward kitchen; but, except in the smallest hospital, any other method must entail too great delay. To save steps, a very good carriage for trays is fitted with rubber wheels like a dressing carriage, but with wooden shelves, each carrying two to four trays, according to size. This is not always necessary where the serving kitchen is beside the ward, but is useful in the case of private rooms on a long corridor.

When there is a dietitian, and not too many trays, it is desirable to serve these trays direct from the main kitchen, as a well-trained dietitian usually prefers giving her personal supervision to trays where there is most variety, although there is no reason why every nurse in training should not have the chance of learning the preparation of attractive meals. There are also plates with metal bases under the china into which boiling water may be poured, ensuring the serving of a hot meal. Where it is not possible to get these plates, the ordinary plates should, of course, be heated by putting in an oven with slow heat at least fifteen minutes before serving a hot meal. The danger of cracking is not great if ordinary precautions are used, and the serving of a meal hot is to be considered of chief importance.

Too much cannot be said about serving liquid nourishment. Broth of any kind can be made very unappetizing if proper precaution is not taken to rid it of grease. In order to do this, the broth should be skimmed when cold; but should a few globules of fat be floating on the hot broth, they may be removed by touching with the edge of a piece of tissue paper. In serving soups and broths for the ward dinner, it is well to have them carried from the general kitchen to the ward kitchen in bulk and served in the ward kitchen, taking care that bowls and bouillon cups are not too full to carry safely. Beef tea is better flavored with a bay leaf or some similar meat flavor. Beef juice is improved in flavor and is much easier to express if the beef is slightly seared over the coals before the juice is expressed. Vegetable flavors are, of course, not indicated for usual liquid diets, but may be used in full.

Much depends upon how attractive a tray looks, as well as how appealing is the odor of what is served. A clean white enamel tray is much more appetizing to put before the patient than an elaborate tray with a soiled tray cloth. At best, the appetite is erratic during convalescence; and every effort should be made to avoid offense in this particular, because the therapeutic effect of food is without question. Many authorities already claim that many diseases are the result of wrong chemistry within the body, so that not only the quality of the food put into that retort, the stomach, must be above suspicion, but we should provide as well that none of those digestive juices should be lessened in quantity or turned from their true purposes by the manner in which the food is presented.

An attractive breakfast tray for a special diet may have on an immaculate white tray cloth; half a grapefruit, with seeds removed and pulp loosened from the peel so as to be easily detached; well-cooked cereal, with cream and castor sugar; small piece of broiled white fish, or a small trout broiled and garnished with a sprig of parsley; toast or zweibach and coffee served in a metal or china pot. All the china should be of the same plain pattern. Lump sugar for the coffee may be placed in the saucer of the cup, and butter on a china or silver butter chip, in this way saving space. Special care should be exercised to provide silver enough, so that the patient is not annoyed by using one spoon for several things.

Where patients are on restricted diet, some thought is required to work out sufficient variety to vary the monotony. But this is really a matter of thought, and is not a tiresome study for off-duty hours. So many attractive menus are provided by the housekeeping magazines that one's imagination is not likely to be overworked.

Perhaps no more difficult diet problem was ever presented than the one that faced the nursing staffs during the war, when jaw cases became numerous. In many cases these patients had to have nasal feeding, or, where a tooth had been extracted, a feeding tube could be introduced. Later splints were provided which left a slight opening between the teeth so that liquod food could be taken with some comfort. It is surprising how much food could be reduced to liquid consistency. In such cases there was great necessity that nourishing food should be taken, for the very nature of their injuries had left them very much depleted. All sorts of cream and meat soups were available, and more calories could be provided by putting meat and vegetables through the meat-grinder and then working it through a hair sieve. Even where patients were freed of jaw splints, it was necessary to keep them on diet that required no chewing. All meat was ground at least once. Owing to the necessity, in many cases, of preventing the salivary glands from becoming too active, no condiments were allowed, a source of complaint to all cases where the stomach missed the additional stimulation.

Similar problems meet the nurse in private practice, where idiosyncracies must be catered to more than in hospital, where the routine serves to do away with many difficult points. Here a nurse is terribly handicapped if she has not a thorough knowledge of diets, from the laying of a tray to the removing of the dishes course by course. Here it will be of advantage, if a vegetarian diet is indicated, to make attractive-looking cutlets, say, of peas made into paste and shaped to look like the real thing; to make cream soups of various flavors so as not to be accused of monotony; or to serve soft-boiled eggs without letting that tiniest chip of shell be included, that spoils the appetite for a whole day; or to make a mayonnaise that will put Delmonico to shame; or broil a squab and serve it on a slice of toast of just the right shade of brown; or to bake an apple just through, or vary the baked apple order by combining rice in an attractive way. These things may not be absolutely necessary, or a nurse may get out of the trouble involved; but they go a long way toward making a career for a conscientious nurse, and in many cases they save a lot of trouble in keeping a patient happy and on the road to recovery. The adage about feeding the animal is not by any means limited to sex or age, and is not to be despised even by a psychologist.

To soften an old paint brush in which the paint has been allowed to dry, heat some vinegar to the boiling point, and allow the brush to simmer in it for a few minutes. Remove and wash well in strong soapsuds, and the brush will be like new.—*American Cookery.*

Meditations of A Public Health Nurse in A Schoolroom in Unorganized Territory

By E. J. Wilson

Public Health Nurse of the Manitoba Provincial Board of Health

February 9th.—We are just preparing to retire to sleep in the schoolroom.

We had some time getting away from H—— to-day. We beat old H—— down fifty cents on his last livery, so to-day he would not let us have his team and we could not get one from anywhere else. However, Mr. W——got his section foreman to take us on the handcar down the track to Mile 69. We were by no means sure of getting all the way, as the snow had drifted badly; but we made it, after having to get off and walk several times and to work our passage on one half of the shover. At the end of the track we had to wait till an empty wood sleigh passed to convey us the remaining two miles. It was really a beautiful drive! We sat, one on each side, on a cordwood stick, dangling our legs—except at intervals, when a dog ran out, barking furiously, and then they were hastily drawn in out of danger.

Half way down the road an old woman ran out and hailed us. Her daughter was sick. The whole district seems to know we are here. Anyway, we tumbled out of our chariot and found the child quite ill. Of course, what everyone wants is medicine—they have absolutely no faith in treatment and diet. We gave her C.O. It is a good thing that it is permissible to give that, as we have left a trail of castor oil all over the country.

We finally arrived at the school. The schoolteacher was delighted to see us, but said that she could not possibly put us up — and neither could anyone else. Nice news when you are about six miles in the bush, and no train for three days! However, she said that there was an extra bed if we did not mind sleeping in the schoolhouse. We assured her we did not mind anything. She has really done her best for us. There is only one bedroom in the cottage, and she and her husband and small sister sleep there.

We have managed to do quite a little home visiting, and really conditions are appalling. The babies look like little old men more than anything else. Of course, most of them are fed on tea and coffee.

The people here are very poor. What little crops they had were ruined by the flood last year, as also was the hay, so that now their stock is suffering and there is very little milk available. Things seem so hopeless under such conditions. We do not seem to be able to accomplish much, though the people readily accept us in their homes. The crying need is a resident doctor among them—one with a missionary spirit. The people seem incapable of helping themselves in even the simplest

remedies when there is sickness. Occasionally we have met parents who do not care what happens to the children. "Let them die," is what one old brute said. His boy also had a discharging ear of long standing, and I am sure there is trouble in the mastoid region. His ear is standing almost straight out from his head, and the odor from the discharge is fearful. I am sure his father will not allow him to be taken to Winnipeg, and does not care whether he lives or dies. I was going to tell him that he could send him to Winnipeg for nothing; whereas, it would cost money to bury him. But it seems I am mistaken — that also can be done for nothing.

The infant mortality here must be fearful. Every child can tell of one or more babies which have died in their homes. One teacher told me that, since she arrived last June, four women, just around the school, had died in child-birth.

The children seem very bright, well-behaved, and anxious to learn. The teachers are called upon for everything, nursing, doctoring, etc., for the whole country. My admiration for the teaching profession is going up by leaps and bounds.

One place we went to, where the baby had an infection, we advised hot baths oh IV., and, as usual, gave castor oil. The mother was so grateful that she insisted on our taking two dozen new-laid eggs. Imagine in this day and age such untold wealth! We did our best to refuse, but only succeeded in hurting her feelings, so we took them to the school-teacher.

February 10th.—This morning, before we arose, about 7 o'clock, the janitor marched into the schoolroom! She is about thirteen years of age, but is called nothing but the "janitor." We waited as long as we dared for her to leave, but to no purpose. She stayed, all eyes and ears; so we just had to get up. We were thinking of calling it "a demonstration in correct dressing."

Our meditations must now be brought to a close.

You would not think any duty small if you yourself were great.

MACDONALD.

Let me be a little kinder;
Let me be a little blinder
To the faults of those around me,
Let me praise a little more;
Let me be, when I am weary,
Just a little bit more cheery;
Let me serve a little better
Those that I am striving for.

EDGAR E. GUEST.

The Antitoxin Laboratory of the University of Toronto

Previous to May, 1914, with the exception of smallpox and typhoid vaccines, none of the auxiliary weapons of a preventive or curative nature, with which the physician is armed in his fight against communicable diseases (diphtheria, meningitis, etc.), were prepared in Canada. This condition of affairs was not considered desirable, and various medical organizations, including the Canadian Medical Association and the Canadian Public Health Association, had urged the Federal Government to establish a laboratory for the preparation of these biological products, including diphtheria and tetanus antitoxin, anti-meningitis serum, anti-rabic vaccine (or the Pasteur treatment), and smallpox vaccine. It was further suggested these products be distributed throughout Canada, free of charge, or at a nominal cost. No action of any sort, governmental or private, was taken until 1914.

During the winter of 1914, Dr. J. G. Fitzgerald, the director of the laboratory, with the very cordial and hearty co-operation of Sir Edmund Osler, chairman of the Medical Section of the Commission of Conservation and a Governor of the University of Toronto, undertook to establish a laboratory in the University of Toronto, where these products could be prepared and distributed at cost. In May, 1914, the laboratory was formally opened.

It may be wondered why it was desirable to establish such a laboratory if these products could be freely imported from the mother country or from the United States. The important reasons were three in number. The first of these was that no country in the world of the size of Canada is without laboratories for the purpose. Secondly, the supply of a given product at any time might be insufficient and difficult to obtain; the outbreak of war in August, 1914, and the subsequent great shortage of tetanus serum, illustrated this point. And finally there was the strongest reason of all, the economic reason.

The preparation of these substances requires the services of especially trained experts versed in the methods of immunity. Few such men are obtainable. Then the equipment of laboratories, stables, and so on, is costly and the profits of producers, middlemen and retailers meant that the antitoxin when purchased by the ultimate consumer was very expensive.

The entire success of treating diphtheria antitoxin depends upon the early use of large doses. The use of diphtheria antitoxin in this way in New York State has reduced the death rate from diphtheria from 99 per 100,000 in 1894 to 20 per 100,000 in 1914. It is true that the larger municipalities and hospitals were able to obtain antitoxin at special rates from the manufacturers, that is to say those who were best able to pay were charged the least and, conversely, those whose need was often the

greatest and whose purses were slim, were not so favored. Immediately the antitoxin laboratory began the distribution of its products, a dose of diphtheria antitoxin was made available for thirty-five cents, which previously had cost one dollar.

The enterprise at once received every encouragement from several provincial and municipal boards of health. The first of these was the Provincial Board of Health of Ontario, which, through its Chief Officer of Health, Major J. W. S. McCullough, arranged for distribution through all local boards of health in Ontario of various antitoxins and serums at greatly reduced prices. Dr. M. M. Seymour, Commissioner of Health for Saskatchewan, and Dr. W. H. Hattie, Provincial Health Officer of Nova Scotia, did likewise for their provinces. Several other provincial and local boards of health announced their intention of supporting the laboratory, and soon the movement became national in scope. The Colony of Newfoundland, though outside the Dominion of Canada, is in "the sphere of influence" of the antitoxin laboratory, and for two years past all diphtheria antitoxin used in that far-away island has come from the antitoxin laboratory of the University of Toronto.

The next step in the work was the very advanced and progressive action of the Provincial Board of Health of Ontario when they decided, commencing February 1st, 1916, to distribute, free of charge, in Ontario diphtheria antitoxin, tetanus antitoxin, meningitis serum, rabies vaccine (the Pasteur treatment) and smallpox vaccine. This move put Ontario in the van in public health work and meant that henceforth no child's life should be lost because the parents could not afford to buy antitoxin. No other movement in public health work in Canada within the past decade has received such general endorsation as has this action on the part of the Provincial Board of Health of Ontario.

To keep pace with the work in the preparation of smallpox vaccine, the antitoxin laboratory in January, 1916, acquired the plant and goodwill of the Ontario Vaccine Farm, Palmerston, from Dr. Coleman.

Meanwhile, with the outbreak of war, the work of the laboratory was greatly increased. As has already been pointed out, soon after war was declared there was a great shortage in the world's supply of tetanus antitoxin. This was due to the fact that enormous quantities were required in the Western theatre of war. Within the first three months of the war there were a great many deaths amongst the wounded from lockjaw. The medical authorities of the various armies decided that in future all wounded men were to receive a protective dose of tetanus serum. Immediately there was a cessation in the number of cases of tetanus observed, and deaths from this dread disease amongst those infected became a rarity. To accomplish this, enormous quantities of tetanus antitoxin were required, and an acute shortage soon occurred.

At this juncture, in the early spring of 1915, the Canadian Red Cross Society had been urgently requested to obtain ten thousand doses of the antitoxin and to send this amount to France. They endeavored to do so,

and found that the lowest price at which serum could be obtained from any manufacturer in the United States was one dollar and twenty-five cents a package. At once arrangements were made with the large municipal public health laboratory in the United States to obtain the much-needed supply for the Red Cross Society. It was found that, for the price of sixty-five cents each, ten thousand packages could be obtained. This saved the Red Cross Society approximately one-half the amount they proposed to spend.

This incident focussed the attention of the laboratory on the necessity, if at all possible, of at once undertaking the preparation of the serum. A member of the Board of Governors of the University of Toronto, Colonel A. E. Gooderham, who is also a member of the executive of the Canadian Red Cross Society, at once offered to equip a laboratory for the purpose of producing tetanus antitoxin. At the same time the Department of Militia and Defence agreed to make a grant of five thousand dollars, on the condition that the entire output of the antitoxin would be available for the use of the department if they required it. The antitoxin laboratory gladly agreed to this, and went further and promised to supply tetanus antitoxin at approximately cost price. The special laboratory was at once established under the immediate direction of Dr. R. D. Defries, and for nearly a year and a half has been preparing and sending to France all the tetanus antitoxin required for the use of the Canadian Expeditionary Force, at a price lower than the lowest price quoted by any American manufacturer of tetanus antitoxin. Since the laboratory began this work over seventy-five thousand packages have been sent overseas.

The work of the laboratory was much hampered at the outset by the lack of accommodation for horses and other necessary laboratory animals, and, because the university did not possess a farm, the horses could not be kept under the best possible conditions. Also the available laboratory space was inadequate. When this became known to Colonel Gooderham he promptly increased his gift many times and purchased a fifty-acre farm in York Township, about twelve miles north of Toronto. On this farm a magnificent laboratory and stables have been built through Colonel Gooderham's generosity, and the whole property given to the university. H. R. H. the Duke of Connaught has been much interested in this work, and has graciously consented to the laboratories being called the Connaught Laboratories of the University of Toronto. The future work of this department therefore will be conducted under ideal conditions, provided for in a truly splendid fashion by Colonel Gooderham.

Canada now has an institution which is comparable in the scope of its activities to the Serum Departments of the Pasteur Institute, Paris, the Lister Institute, London, and the Research Laboratories of the Health Department of New York City, respectively. These all derive a large part of their support from the preparation and sale of public health biological products, which are supplied to boards of health at low cost. The proceeds, above the amount actually required to run the laboratories, are used to further research in preventive medicine.

What Should Be Taught To-day about the Prevention of Tuberculosis

By W. J. Dobbie, M.D.

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Read at the Nineteenth Annual Convention of the Canadian Association for the Prevention of Tuberculosis, Ottawa, October 9th, 1919

The more recent investigations as to the methods by which tuberculosis is transmitted from one person to another have demonstrated that certain newer measures are necessary for the prevention or eradication of this disease. Much that has previously been taught must, in the light of more recent research, and more widespread observation, be discarded. Prophylactic measures in vogue which do not harmonize with the more accurate knowledge of to-day must either be altered or abandoned.

Heretofore, the chief concern has been to educate, supervise and control adult cases of tuberculosis. It can now be demonstrated that these are in a measure the least important part of the problem. Infancy and childhood, previously practically neglected, constitute that part of the problem which should be to-day our greatest concern.

The subject will, therefore, be discussed as it relates (1) to infants under three years of age, (2) to children over three years of age, and (3) to adults.

Infancy: Careful investigations lead us to believe:

1. That a child at birth is free from tuberculosis, even if one or both parents should be tuberculous, either at the time of its conception or at the time of its birth.

2. That the great majority of adults who have tuberculosis did not contract it in adult life, but were infected at some time in early childhood.

3. That in children under three years of age the proportion infected is small—not because these infants are less susceptible, but because they are usually less exposed. At this age, however, infection more frequently results in disease, and disease in children under three years is more often fatal than in older children.

4. That in children over three years the proportion of those infected gradually increases until, at fifteen years, it reaches about 90 per cent.

on tuberculosis is to prevent disease, resulting from infection, in the

These observed facts clearly teach us that the logical method of attack

After three years of age the type of disease is less severe; the period of sickness is usually more prolonged, but deaths are less frequent, although the number of cases is greater.

young.

The infant, from the moment of birth until three years of age, must be protected from infection by the tubercle bacillus. In the home in which there is a tuberculous parent drastic measures will be required. To compromise is but to invite disaster, with the assurance that the invitation will be accepted.

A Tuberculous Mother must not be allowed to come in contact with her child during this period. It is not sufficient to say that the mother must not nurse the child (for, while it is admitted that few infants that have been nursed by a tuberculous mother survive, the danger from contact is not greater in nursing than in many other acts). Weinberg* in an investigation of 18,000 children, embracing 5,000 families, found that the nearer the birth of the children to the time of the death of their tuberculous parents, the higher the mortality among them. Fishberg† has shown that in New York City among children of tuberculous parents not only was the mortality in general excessive, but that 16 per cent. of the deaths among children under six years of age were due to tuberculous meningitis as compared with only 1.27 per cent. among the general population of the city. The conclusions are self-evident. If the mother is tuberculous the infant should be removed immediately after birth, and contact between mother and child should be prohibited during the first three years of life.

If the Father is Tuberculous, he should not live in the house so long as there is in the house an infant under three years of age. This point needs further emphasis. It does not make any difference how well trained the tuberculous person is, or how much care is exercised, he or she should not live in the same house with an infant. No care which even the most careful consumptive may take will as a rule prevent infection in an infant if there is contact. And infection in infancy is almost sure to be followed by disease, and disease is too deadly, in the majority of cases, to justify any risk being taken.

It is a matter of interest that our agriculturalists have long since recognized this fact, and have put it into practice to a very large extent. There is not an intelligent farmer who does not recognize that the question as to whether or not the offspring of tuberculous animals become tuberculous depends entirely upon exposure after birth. With our domestic animals, where the value is recorded in dollars and cents only, we are willing to apply the knowledge we have and are securing self-evident results. Are we to be less intelligent when we deal with the offspring of the human race?

So much for the infant in the home where there is tuberculosis. But what of the home in which there is no tuberculous person? The same general principles apply. The infant must be protected from the tubercle bacillus. The infant should be kept from contact with strangers. These strangers or friends may or may not be safe. Why take the risk? It

*Die Kinder der Tuberkulosen, Leipsig, 1913. Quoted by Fishberg, Pulmonary Tuberculosis, p. 447.

†Archives of Pediatrics, 1914. XXXI., 96, 197.

used to be said that "children should be seen and not heard," and while this may still be true of older children, for infants it would be much better to reverse the advice and say that, in their own interest, "children should be heard and not seen." Nor must the danger from grandparents, uncles, aunts, nurses and domestics be forgotten. Any of these may be the source of infection unless they are known to be absolutely healthy.

The healthy parents should be impressed with the fact that infants under three years of age contract tuberculosis very easily, that a single exposure is frequently in itself sufficient, and that, on the other hand, by taking reasonable and ordinary care, their children may be protected during this most susceptible period of life.

It should be added that the danger from bovine tuberculosis is not to be forgotten. When cow's milk must be used, care should be taken to have it carefully selected and then pasteurized.

There is really nothing in the programme outlined above that cannot be done by any family of reasonable means. In other cases it would be an economy for the State to spend sufficient money to give this degree of protection to the infant population.

In Children Over Three Years of Age: After three years of age, when the child begins to run about, the problem becomes entirely different. Obviously, it is no longer possible to secure the same degree of isolation as in the years of infancy. Nor is it desirable that this should be done. Now the child must be carefully introduced to the tubercle bacillus so that he may prepare his defence against it. As the child must soon go out into the world, and there mingle with strangers of all kinds, it is obvious that he will at some time meet with the tubercle bacilli and become infected. We know that this will occur, because we have evidence to the effect that at 15 years of age about 90 per cent. of children have been already infected. We know, too, that immunity is developed by repeated small doses, and that disease is produced by massive doses of infection. What we should aim to do, then, is to protect the child from massive infections such as might be had from tuberculous persons living in the house. These children are not likely to receive massive doses from strangers. If these massive infections are prevented we need not fear the smaller and more casual infections, because, except in the case of infants, these casual and small infections are relatively harmless. And as immunity is essential for the future welfare of the child, it is quite desirable that it should be developed, and the period intervening between infancy and adolescence is the most opportune time at which to invite infection for this purpose. But while these small infections are being received and immunity developed, it is most important and desirable that conditions should be such that the fruit resulting from the infection will be immunity and not disease. There must be no defective nutrition resulting from underfeeding, overwork, or intercurrent disease. Resistance must not be reduced, but must be maintained to as high a degree as possible.

In Adults: In adults, the problem of preventing infection requires very little attention. The great majority of adults have already been infected before reaching adult life. What adults have to fear most is not further infection from without, but an extension of the infection which they already have, leading to the development of a group of symptoms which we are pleased to call the disease tuberculosis. All adults should, of course, avoid prolonged and intimate contact with the grossly careless tuberculous person; but there is little to be feared through ordinary contact. It has been said that "the careful consumptive is not a danger to anyone." This might be modified to read, "the consumptive is a grave menace to infants, less dangerous to children, and no danger at all to adults if reasonable care is exercised."

Tuberculosis in adults is either primary or secondary. If it results from a primary infection, it runs an acute course and is almost invariably fatal. This is the type of disease seen in primitive peoples, who have not been exposed to infection during childhood. The usual form of disease, however, as we see it in adults, is of the secondary type. This, as a rule, results from infection in childhood, and is the type that produces the greatest portion of the tuberculosis problem. To avoid this type of disease the adult should not be taught to avoid other adults who happen to have the disease, but who are not careless, but he should be taught to build up his defences against the germs already in him. His resisting powers must be kept to a high degree of efficiency. Overwork, underfeeding, poor housing conditions, dissipation, and other diseases are the things he should be taught to avoid; and rest, sleep, good food, fresh air, and moderate, temperate, healthful living are the things which he should be taught to seek.

Were this view of the prophylaxis of tuberculosis generally appreciated, there would be a considerable change in the usual programme of anti-tuberculosis societies and boards of health. At the present time a great deal of attention is being paid to the adult with tuberculosis, in institutions, in homes, and in places of business. Once an adult is labelled tuberculous he is at once shunned by many of his fellow adults, and in many municipalities becomes a subject of much attention on the part of health boards and well-meaning social workers. Usually, much of their effort is misdirected, and, instead of making the adult consumptive safe for the community, he is made an unhappy subject of aversion to such a degree that he may be driven to adopt various methods of concealing the fact that he has the disease in order that he may be free from annoying and misdirected supervision. He thus becomes a greater menace than he was before. As Fishberg* concisely says:

"It is therefore a vain effort to follow up tuberculous persons, push them from pillar to post, interfere with their employment, as has been done in many cases, with a view of preventing infection of fellow workmen," or, as Baldwin† says:

*Fishberg, Pulmonary Tuberculosis, p. 452.
†Johns Hopkins Hospital, Bull., 1913, XXIV., 220.

"Adults are very little endangered by close contact with open tuberculosis, and not at all in ordinary association. . . . It is time for a reaction against the extreme ideas of infection now prevailing. There has been too much read into the popular literature of health boards and lectures that has no sound basis in facts, and it needs to be dropped out and revised."

Neither of these writers are disbelievers in the value of *all* of our present methods of prophylaxis against tuberculosis in adults. Nor do I wish to be misunderstood. Much that has been done is of great value. Many of the regulations we now have are excellent, and deserve only more complete enforcement. But, in spite of this, there is much misdirected effort, and much wasted energy on the part of inexperienced and poorly-informed workers.

Let me emphasize again. We should not be afraid of the tubercle bacillus. For ourselves, as adults, we need fear no attack except from those that are now in our bodies. For the children, since we cannot permanently protect them from invasion, let us wisely choose the time when the bacilli are first to be met. If this be done, the tubercle bacillus may be transformed from a menacing enemy into a protecting friend.

This is what should be taught to every adult, as comprising the knowledge in accordance with which he should live and act as an individual.

Collectively, however, there is also something to be done in helping those who are but feebly able to help themselves.

There are but two real problems of importance, as I see it, aside from that of preventing the infection of children. These are, (1) the best method of giving assistance to those tuberculous persons who are anxious to do all they can to live so as not to be a source of danger to others; and, (2) the best method of dealing with those tuberculous persons who are careless of the rights of others and who have no concern as to whether they are a danger to others or not.

As to the former class, the greatest need usually existing is financial assistance. The only method, at present in use in Canada, by which a person with tuberculosis can obtain assistance is by entering a hospital or sanitarium. This method is open to but a comparatively small number. Let us get the situation clearly in mind. In the Province of Ontario there are, perhaps, 25,000 consumptives. These are not all indigent; some are self-maintaining, and some are only partially indigent. Suppose they are equally divided, about 8,000 in each class. What can we do for them? It is evident that they cannot all be sent to institutions, because there are not more than 2,500 beds for consumptives in the whole province. Fortunately, it is not thought best that all tuberculous persons should be cared for in institutions. It is not desirable that they should be. You may reasonably ask what cases should be sent to institutions.

There are three classes of cases which should go to institutions: (1) Those who have no homes. These are the people living in boarding-houses or rooming-houses. (2) Those who have homes, but homes in

which the conditions are so bad, from a social point of view, that one could not expect to have any success in enforcing any standard method of care. (3) All those who are palpably in need of education and who cannot be educated at home. For the sake of economy, none of these should be sent to institutions in the haphazard way at present in vogue. A period of sanitarium treatment should be regarded as a serious undertaking, entailing expense to either the individual or the community, and commensurate returns should be expected, and sought. To this end, those who should go to an institution at all should go for a definite period.

Early cases should go on the understanding that they stay three months at least; advanced cases, six months at least; with no option of coming out at all for any but the most serious reasons during that period. At the end of the period each case might be considered by a board of physicians, one representing the institution and one representing that portion of the community which is supplying the funds for the maintenance of the patient, and one representing the patient. This board should decide at the end of the stipulated period whether the patient is to stay longer, or whether he may be allowed to go home to live under conditions that may be prescribed.

Utilized in this way, the 2,000 beds available in Ontario would produce better results for the community than are secured by the methods at present in vogue.

And what of the 22,000 who must be cared for at home? We have developed a highly specialized and technical method of examining cases of tuberculosis, and it would be just as simple to establish and to put into effect a standard method of treating cases of tuberculosis in the homes. The only real difficulty is that many have not the means. They need financial assistance and it would be an economy to provide assistance, so that home life under proper conditions could be maintained, provided there are no young children in the home. This financial problem is not logically, as it has heretofore been regarded, a purely local one. The Federal and Provincial Governments are interested, and should unite with the local municipalities to provide a fund for this purpose.

If the war has done one thing for us more than any other, it has enabled us to appreciate large efforts. Formerly, $1,000 seemed to be a large sum; now one never thinks when one mentions a million. It is exactly the same with tuberculosis. Formerly, a million dollars was an enormous sum to think of expending on tuberculosis. It is really a very small sum when you compute the value of the lives which are each year being lost.

Now the last problem is that of the incorrigible consumptive — the man (or the woman) who will not accept advice, who does not care whether he endangers the health, happiness or life of others or not, who will not live under sanitary restrictions at home, and who refuses to be amenable to the rules and regulations of an institution. There is only one way to deal with such. They must be made to obey. They should

not be allowed to remain a menace to the children in their own homes or to those of the neighborhood. Nor is it fair that they should be sent to institutions to disturb patients who are honestly endeavoring to help themselves by observing the necessary restrictions prescribed. These social and sanitary outlaws should be cared for in a tuberculosis department in a penal institution. I am satisfied that such a department would not need to be a large one. Let our hospitals and sanatoria be made as attractive as possible for volunteer patients; let these advantages be offered alike to all who need them, on condition that willing co-operation is forthcoming. But to those who will not co-operate, let there be no option but a prolonged period in a place of detention. Moral suasion would then become a strong force in the hands of the social worker. In this aspect of prevention, private philanthropy, municipal, provincial and Federal officers of health are all interested. But the work of all of these should be so directed and co-ordinated that there may be no waste of effort in a campaign in which the attacking force is, even under the best of circumstances, anything but adequate. May it not be possible for us to hope that, with the establishment of a Federal Department of Health and the appointment of a capable and energetic Deputy Minister, some such direction may be given to a widespread offensive against tuberculosis.

To this end, education of the public is urgently required; and it would seem indeed to fall within the sphere of such an organization as this, in our present active period of reconstruction, to press for an active educational campaign along these lines, viz.:

1. The absolute protection of infants.

2. The careful protection of young children from disease while immunity is developed.

3. A more rational attitude toward, and treatment of, the adult consumptive.

4. The providing of maintenance assistance to needy consumptives, not only in institutions, but as well at home when prescribed living conditions are followed.

5. The detention of the incorrigibles, where they will be neither a danger to children nor an annoyance to their fellow adults.

WORK

The comforter of sorrow and of care;
The shortener of way prolonged and rude;
The lightener of burden hard to bear;
The best companion 'mid the solitude;
The draught that soothes the mind and calms the brain;
The miracle that lifts despair's thick murk,
When other friends would solace bring in vain:
Thank God for Work.

E. SABIN.

Convention of The Canadian Association of Nurse Education

There has perhaps never been in the history of nursing more urgent need for united effort to fulfill our obligation to our association, viz., "The advancement of the educational standards of nursing and the development and maintenance of the highest ideals of the nursing profession," and it is hoped that there may be a full attendance at the convention of those interested in nurse education, the care of the sick, and health work.

There is something of vital interest for everyone on the programmes of both associations, and we shall require the counsel of every nurse if we are to attain the best results. Miss Beatrice Ellis, superintendent of the Western Hospital, Toronto, has done most excellent work for the C.A.N.E. in the role of convener of the Programme Committee, and she is to be congratulated upon the willing co-operation of those whom she has approached with requests, either for papers or to lead in discussion. The following tentative programme will show in a small way the untiring efforts of the convener, and all that will now be necessary to insure a satisfactory convention will be *your* presence. There may be some slight changes in the details of the programme, but the subjects set forth will all be discussed. Please come prepared to do your part.

Tentative programme:

MONDAY, JULY 5TH

MORNING SESSION, 10 A.M.—

Registration of Members.
Reading of Minutes of the last Annual Meeting.
President's Address.
Report of Secretary.
Report of Treasurer.
Correspondence.
Report of Standing Committees:
- (a) Nominating,
- (b) Programme,
- (c) Arrangements.

Report of Special Committees.
Report of Chapters:
- (a) Winnipeg,
- (b) Toronto,
- (c) Halifax.

Report of the Delegate to the National Council of Women:
"Public Health Field-Work for the Undergraduate Nurses."

Report of the Educational Publicity Committee.

Note:—Discussion to be deferred until after the first paper in the afternoon.

AFTERNOON SESSION, 2.30 P.M.—

"What High School Education Represents—How to Estimate Its Value and Make Up Its Deficiencies."

Discussion.

"Relation of the Training School to the Hospital."

Discussion.

"Teaching Practical Work, and the Value of Co-operation of the Ward Supervisors."

Discussion.

TUESDAY, JULY 6TH

MORNING SESSION, 9.30 A.M.—

Round Table—Teaching Methods of

(a) Anatomy,
(b) Bacteriology,
(c) Materia Medica,
(e) Ethics,
(e) History of Nursing,
(f) Practical Nursing,
(g) Hygiene and Sanitation.

Round Table—"Residence Life of Pupil Nurses."

Report of Committee—"Making Third Year More Valuable for Pupil Nurse."

AFTERNOON SESSION, 2 P.M.—

Unfinished Business.

Elections.

"How Can the Small Hospital Make Adjustments to Fit In with a Standard Training School Programme?"

Round Table—"Problems of Small Hospitals."

Question Box.

Following the sessions of the C. A. N. E., a joint session with the C. N. A. T. N. has been arranged.

NOTICE OF MOTION

Notice is hereby given that, at the Thirteenth Annual Meeting of the C. A. N. E., it will be moved by Miss B. Ellis, Toronto, and seconded by Miss F. Potts, Toronto, that the annual fee for membership in the Association be raised from three to five dollars.

And it will be moved by Miss J. MacKenzie, Victoria, and seconded by Miss Randal, Vancouver, that the C. A. N. E. become a section of the C. N. A. T. N.

(Signed) E. MACP. DICKSON,
Secretary.

Editorial

FLORENCE NIGHTINGALE

1820-1910

FILOMENA

Lo! in that house of misery
A lady with a lamp I see
Pass through the glimmering gloom
And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
Her shadow as it falls
Upon the darkening walls.

As if a door in Heaven should be
Opened and then closed suddenly
The vision came and went,
The light shone and was spent.

A Lady with a Lamp shall stand
In the great history of the land,
A noble type of good,
Heroic Womanhood.

Nor even shall be wanting here
The palm, the lily, and the spear,
The symbols that of yore
Saint Filomena bore.

LONGFELLOW.

* * * *

In this month the nursing world is especially interested, in the fact that this is the centenary of Florence Nightingale, born May 12th, 1820, and who lived to the ripe old age of ninety years, dying August 13th, 1910. While nurses are all familiar with her work and the results of her campaign against the old-established evils of the nursing of her day, still, at this time, it is well to review her work and the earnest way she accomplished her ends. With her it was never a matter of stopping at protests or letters telling of conditions, but she was above all rules and regulations when the stern necessity for reforms came, and, much to the horror and indignation of those content with red tape and regulations, she cut and tore till the end was accomplished. She was able to see her reforms in Army nursing, training schools and public health problems established, which is more than is usually the luck of reformers. As late in her life as 72 we find her starting a vigorous campaign in Buckingham-

shire and district about rural sanitation, and up to the very last was eager for the latest news of improvements in all matters relating to health. What she would think of the indifference and apathy of our profession, on the whole, to the needed reforms and improvements in these matters, one can easily guess. It is to be feared that scathing remarks would be our portion, as those having a goodly heritage, thanks to her ideal, and not carrying on the spirit of service as she would have us do.

Letters to The Editor

(Will the nurse who sent a letter recently to this department, signed "A Canadian Nurse," please send her name and address to the Editor—not for publication, but as an evidence of a willingness to stand behind her opinions with her signature? As soon as this is done, the letter will be published.—Editor's Note.)

Dear Editor:

A year or so back difficulties arose in our association, due solely to the fact that the relationship between the various nurses' associations and the Canadian National Association of Trained Nurses had not been clearly understood by, at least, a large majority of our nurses. Will you kindly publish in *The Canadian Nurse* an explicit and detailed explanation of:

(1) The relative position of the Canadian National Association of Trained Nurses and an affiliated Provincial Association of Trained Nurses;

(2) The power and authority of Canadian National Association Councillors in their respective Provincial Associations?

And oblige, yours truly,

M. Gertrude Jones, R.N.

* * * *

(Editor's Note:—The membership of the C.N.A.T.N. is made up of nursing organizations that have affiliation with the National body. There are no individual members, but only affiliated associations have membership, who send delegates, with voting power of one for every fifty members till a maximum of ten votes is reached. Any organization having less than 50 members is entitled to one vote. All elections are carried on by these affiliated associations nominating officers and then instructing their delegates how to vote before going to the convention. Any important matters and all proposed amendments to the constitution shall be in the possession of the secretary at least two months before the date of the

meeting, and shall be printed in the notice calling the meeting. All associations should at once, on getting such notice, call a meeting of their local association and instruct the delegate, in person or by proxy, how to vote on the matter, or else they may give her the privilege of using her judgment, if that is thought wise. There is far too little attention paid to matters of great importance to the profession by the affiliated associations, with the consequence that the few are able to govern the proceedings if they care to do so. Each province is entitled to two councillors on the Board of Directors. The usual procedure is to send in to the National nominating convener the names of the two who have been selected by the associations in the province to represent them. The selection of these is a matter for each province to arrange in the way thought best. Names might be sent in to the Provincial Association from all local associations, giving their choice as councillor, and the name either voted on then or sent in to the National to vote upon. If possible it would seem wiser to settle the matter in the province interested, and only send the two names selected to the National as that ensure their election.

These councillors have no power or authority in their different associations, except that they are in direct touch with the National and get the Executive minutes, and, of course, any matter of special interest to the particular province or organization should be taken to that society and discussed. They are simply the link between all members of the Executive and represent the feeling and ideas of the province from which they are sent. All affiliated associations were, I believe, furnished with the Constitution and By-laws of the C.N.A.T.N. when it was adopted in its amended form at the convention of 1918; and I am sure that, on application to the secretary of the C.N.A.T.N., Miss Ethel Johns, R.N., copies of it will be sent.

Hoping that I have answered your questions to your satisfaction.

Yours truly,

HELEN RANDAL, R.N.,
Editor *Canadian Nurse.*

And for the Dead of Death to Thee
I trust it: for indeed I know that he
Who through his life's appointed days
Has stood not idle in the market-place,
He dies not, no! there is no death for him,
No death, but only change
Beyond this earthly range
New life, new work, with servant seraphim.
O Lord of Service! Lord of Life!
Grant me that guerdon in the other life
New service there—that with my latest breath
Be my one prayer, O living Lord of Death!

DEAN STURRS.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.

Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.

Registrar—Mrs. Burch, 175 Mansfield Street.

The monthly meeting of the C. N. A. was held in the club-room on Tuesday evening, April 6th. Dr. Chipman was to have delivered a lecture, but, as he was unable to be present, the meeting was purely a business one.

The monthly meeting of the Edith Cavell Chapter was held in the club-room on Wednesday evening, April 21st. It was decided to continue working for Dr. Grenfell's Mission, Labrador. Quite a number of knitted articles were brought in for the bale which is to be sent in June.

Miss Goodhue, of the R.V.H., who has been ill in the Ross Pavilion, is, we are glad to say, convalescing.

Miss McKee, night superintendent of the Western Hospital, who underwent an operation for apendicitis some time ago, is, we are glad to say, slowly improving.

At the annual meeting of the Edith Cavell Chapter of the I.O.D.E., held in March, the following officers were elected: Regent, Miss Amelia Campbell; first vice-regent, Miss Strumm; second vice-regent, Miss Davison; third vice-regent, Miss Colley; treasurer, Miss Thomson; secretary, Mrs. Emmerson (re-elected).

Miss Hersey is attending the convention of the National Association of Trained Nurses at Atlanta, Georgia, U.S.A.

Clotted Devonshire Cream

Place one cup of milk in a saucepan and gently pour on top one-half pint of cream. Heat slowly to simmering point and then place where it will maintain this heat for about 15 minutes. Let cool and then skim off the cream and use as directed in recipe.

News from The Medical World

By Elizareth Robinson Scovil

Chinese Hospital

Montreal is to have a Chinese hospital of twenty-five beds. It is said that it will be the first Oriental hospital in Canada. There is already a temporary institution with ten beds.

Restrictions on Sale of Alcohol

The Manitoba Liquor Act has been amended. Wholesale druggists are forbidden to sell liquor. Medical men may have two quarts a day for professional purposes and 100 prescriptions a month. Hospitals are restricted to five gallons a day.

Women Physicians in China

The Interchurch World Movement of North America has issued a special appeal for the services of medical women in the Orient. There is a great need for them in orthopedic surgery, and a wide opportunity open to those trained in laboratory work. The medical schools of Canton, Hankow, Nanking, Peking and Soochow offer practical work.

International Health Agency

An international health agency is soon to be established, under the League of Nations, which will co-ordinate and strengthen the health work of all nations. The reporting of disease and the maintenance of an international quarantine will be especially dealt with. Typhus seems to be increasing, so that there is great danger of an epidemic spreading over Europe, and being carried to this country, if it is not checked. Bubonic plague is also a grave danger.

Reporting Communicable Diseases

The *Connecticut Health Bulletin* says, whenever a physician fails to report a communicable disease the entire community is unnecessarily exposed to contagion. The failure may be due to sheer negligence, to wilful disregard of the obligations imposed by statute, or to a mistake in diagnosis.

Prevention of Venereal Disease

In a pamphlet issued by the Medical Women's Federation, London, it is stated that the most important factor in the prevention of venereal disease is such a reform of our social structure and moral habits as will gradually eliminate the conditions that have led to its prevalence. It has been found that, even under the discipline possible with men on active service, the prophylactic packet system was a failure. The committee considers that permanganate solution and calomel ointment are remedies

for venereal disease, probably implying that they are not certain preventives of infection.

Coating for Poison Tablets

In order to prevent accidental poisoning, a coating for poison tablets has been devised which renders them harmless when swallowed, as it will not dissolve while in the body. It consists of equal weight of candelilla wax and a paraffin with a melting point of 56 C. This wax melts at 70 C.; has little brittleness; is not affected by dilute acids, or alkalies, and is not attacked by the digestive ferments. It is easily applied in the manufacture by the machines used for coating pills with gelatin. By breaking the tablets they may be dissolved easily when preparing a germicidal solution.

Inherited Syphilis

An infant who seemed normal, and at first thrived on breast milk, began to show signs of digestive disturbance and to lose weight. Under specific treatment, it began to thrive again even on artificial food. The possibility of this infection should be borne in mind whenever an infant is losing ground, with no discoverable reason.

Survival of Foetus

It is stated that the blood stream may be passing through a prolapsed cord even when no pulsation can be felt in it. The fetal heart can be felt or heard beating on intra-uterine exploration or through the walls. The death of the foetus should not be taken for granted without this examination.

Castor Oil in Milk

A medical writer objects emphatically to the giving of castor oil in milk as likely to render it disgusting, or, at least, impalatable, to the patient for a long time to come. He recommends the following methods: Hold the nose and swallow the dose. Hold a piece of ice in the mouth for a time and then swallow the oil. Put the juice of half a lemon in a glass, rub the edge of the glass with the rind, pour in the oil and add a little lemon juice on top. If too strong the juice can be diluted and sugar added if desired. A pinch of soda bicarb. dropped in will make it froth.

Electrical Dangers

Electrocution is possible with a current of only 110 volts, or even less, such as is used for domestic purposes. Handling electric apparatus with wet hands greatly increases the danger if there should be a defect in the insulation. If a person in a bath touches an electric light, a heater, or a bell handle, fatal results may follow. A woman was killed in her kitchen as she held an electric light in one wet hand and turned on the water faucet with the other. There is danger in the operating-room from manipulating electric lights, cautery, etc., and at the same time touching the water faucet, especially if the walls or floor are moist. The danger from electric current is to the heart, and the effect is greater when there is the shock of surprise. Sleep and general anaesthesia lessen the effect.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

Nova Scotia

The public health course at Dalhousie University, to which reference was made in the last issue of *The Canadian Nurse*, opened most auspiciously—several demobilized nursing sisters and other finely representative Canadian nurses are availing themselves of the opportunity which it presents.

Dr. Craig, of London, Ontario, has been one of the visiting lecturers at Dalhousie, and, through the kindness of Dr. Royer, members of the association were invited to hear his very fine address on tuberculosis, fully appreciating and much enjoying the privilege.

Manitoba

The public health nurses of the Provincial Board of Health of Manitoba met in Winnipeg, from January 2nd to January 17th, for a convention at the Legislature Chambers. They were welcomed by the Hon. Dr. Armstrong, Municipal Commissioner, who congratulated the nurses on the rapid spread of public health nursing in Manitoba. This was due very largely, the speaker affirmed, to the diplomacy and tact of the nursing staff, which had engendered a spirit of friendliness with the people of the province. There are now 36 nurses on the staff. Following Dr. Armstrong's address, Miss Russell, superintendent of public health nurses, gave an address of welcome, and spoke of pioneer experience as

a public health nurse in Manitoba. The nurses then formed the Public Health Nurses' Association of Manitoba Provincial Board of Health, for the following purposes:

1. To deal with all staff matters of a purely social nature.

2. To be a medium for the exchange of ideas.

3. To provide an organization which could formulate recommendations from the staff to be presented to the superintendent of nurses.

4. To stimulate interest in public health nursing and public health education, principally by supplying material for the Public Health Section of the *Canadian Nurse* magazine.

The officers elected were: President, Miss E. Russell; vice-president, Miss A. E. Wells; secretary-treasurer, Miss Thorvaldson; press representative, Miss Hastings; M.A.G.N. representative, Miss M. Lowell; social convener, Miss Dickie.

Miss Muma read a report of the M.A.G.N. convention held in Winnipeg in December, and also of the Social Service Congress.

The following resolutions, which were drafted by the Resolutions Committee (Misses M. Lovell, M. Rodger, C. M. Day), were passed by the association:

1. We, the Public Health Nurses' Association of the Manitoba Provincial Board of Health, now in conference, resolve that whereas in our work in rural Manitoba we are impressed by the great need for a suitable home, or institution, where the feeble-minded, especially the young, could be cared for and trained in a proper manner, and feel that the present neglect of these cases is a great menace to the province, we would urge prompt action along these lines, and are in earnest sympathy with any movement toward the establishment of such an institution.

2. We, the Public Health Nurses' Association of the Manitoba Provincial Board of Health, now in conference, resolve that whereas our experience in rural communities impresses upon us the serious need of dental attention for the public welfare, and at the same time the great difficulty of obtaining same, this conference urges the establishing of free dental clinics in small rural centres, or travelling dental vans.

The difficulty of rural school children getting to a dentist, and the very large number of children that we find suffering from dental defects, we consider, makes movement along these lines necessary.

3. We, the Public Health Nurses' Association of the Manitoba Provincial Board of Health, now in conference, feel that the time has come when the need of public health education is absolutely necessary, and would recommend that the Manitoba Association of Graduate Nurses take up the matter of having such special training incorporated in the hospital training curriculum and also in the university.

The Provincial Board of Health entertained the nursing staff to a very enjoyable luncheon, January 12th, at the Fort Garry Hotel. The guests of honor present were: Premier Norris, the Hon. Dr. Armstrong,

Hon. Dr. Thornton (who addressed the nurses after luncheon), Mr. W. M. Wood, Dr. E. W. Montgomery, Miss I. Johnstone, Social Service Department of the Winnipeg General Hospital, and Miss L. Spratt, Superintendent of Nurses' Bureau of Child Hygiene.

The nurses were unanimous in declaring that the conference, while strenuous, was a great success, both educating and giving inspiration for better work in the future.

At the annual meeting of the Manitoba Branch of the Canadian Red Cross Society, it was decided to appropriate funds for the maintenance of four nurses in organized sections of the province, who will be under the direction of the Provincial Board of Health.

The Board of Education have also requested the services of two public health nurses of the Provincial Board of Health to work in school districts which are under the direction of Mrs. Ira Stratton.

New Brunswick

At the annual meeting of the New Brunswick Association of Graduate Nurses held in St. John, Hon. Dr. Roberts, Minister of Health, delivered a very interesting address on the registration of all nurses in the Province of New Brunswick, stating that fifty per cent. of the toll of mortality could be prevented, and that more deaths were caused by influenza in four months than the great world war covering a period of four and one-half years. As in warfare it is important to know the number of forces, so in disease it is important to know the number of nurses and where located, so that, in case of epidemic or an emergency, immediate service may be obtainable.

The N.B.A.G.N. were asked to obtain a list of all nurses in the province, and where located, whether graduate nurses, undergraduates, or experienced, who would be willing to give their services if needed.

A committee was recently appointed by the N.B.A.G.N. to take a census of nurses in the province. Miss Ada A. Burns was appointed convener, the committee to be made up of a member of association from each county.

A questionnaire was drawn up and copies sent to each member of committee, whose duty it is to find out the nurses living in her country and have them fill out questionnaire and return to convener.

When completed, this list will be kept at the Nurses' Registry, St. John, and the vice-presidents of the N.B.G.N. who are resident in different parts of the province, viz., York, Charlotte, Albert and Northumberland counties, will be given a list of nurses residing in their district, so that, in time of epidemic or emergency, the Minister of Health, needing nurses for any county, may obtain them through the vice-president for that county.

Mrs. Hanington, chief superintendent of the Victorian Order of Nurses for Canada, and Miss Hall, inspector of nurses for the Order, visited St. John recently on business connected with the Order.

A mass meeting held in the Imperial Theatre in connection with the Women's Institute was addressed by Hon. Dr. Roberts and Mrs. Hanington on "Child Welfare," at the conclusion of which moving pictures were shown, demonstrating child welfare clinics.

The annual meeting of the St. John Association for the Prevention of Tuberculosis was held in the Board of Trade rooms, St. John, this week.

Dr. Harris, superintendent of the St. John County Hospital, referred to the climatic conditions of St. John in regard to its effect on tuberculosis, stating that this climate was as good for the treatment of the disease as anywhere on the continent. In the course of his address, Dr. Harris urged more publicity for the work of the association and a strong educational propaganda in the interests of prevention.

Dr. J. F. L. Brown, district medical health officer, submitted a short but concise report, showing that the death rate from tuberculosis had been considerably reduced. In 1917-18 one hundred and seventy-five cases had been reported, with ninety-five deaths; and in 1918-19 there were one hundred and forty-five cases, with seventy-five deaths, showing a happy falling off in the number of cases and the death rate.

A Kind Word

"How little it costs, if we give it a thought,
To make happy some heart each day.
Just one kind word, or a tender smile,
As we go on our daily way.

Perchance a look will suffice to clear
The cloud from a neighbor's face,
And the press of a hand in sympathy
A sorrowful tear efface.

It costs so little I wonder why
We give so little thought?
A smile, kind words, a glance, a touch,
What magic with them is wrought?"

Ideals

To do the day's work and not bother about the morrow.

To act the Golden Rule.

To cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready, when the day of sorrow and grief came to me, to meet it with the courage befitting a man.

Personal Ideals of Sir William Osler. (From the *Bulletin* of the League of Red Cross Societies.)

The Diet Kitchen

By Elizabeth Robinson Scovil

Rice, being a bland, unirritating food, is often prescribed for invalids. Being very rich in starch, it supplies the carbohydrate that is one of the body's needs, but little else. This is the reason that it is unappetizing and must be supplemented with some food containing protein, as milk, or enriched by fats.

Blanched Rice

Put the rice in a saucepan over a hot fire in a quart of cold water, and stir often while it is coming to the boiling point. After boiling three minutes, drain it in a wire strainer; let cold water run through it from the faucet, and it is ready for the further cooking. If it is to be served plain, turn it into a double boiler, barely cover with milk, and cook it until it is tender. When done, serve it with sugar, a little orange marmalade or any syrup preferred. The juice from canned peaches, boiled with a little sugar, is liked, or strawberry jam. Lemon syrup, made by boiling a cup of sugar, a quarter of a cup of water together and adding the juice of a lemon, is much liked. If there is a distaste for sweets, cover the top of the rice with whipped cream. This is the original camouflage and will make any dish attractive.

Almond Rice Pudding

Take half a cup of rice, blanch it, then put it in a double boiler with two cups of milk, a quarter of a cup of sugar, a little salt, and, when tender, beat in three eggs, previously well beaten, and add a little almond extract. Turn the mixture into a buttered mould and set it in a pan of boiling water in the oven. When firm, in about half an hour, turn it on a dish and serve with cream or a simple sauce.

Rice and Raisin Croquettes

Boil half a cup of rice, as directed for blanching; put it in a double boiler with half a cup of raisins, a cup and a half of milk and a little salt. When tender, add a tablespoon of butter and the yolk of an egg beaten with about a tablespoonful of sugar. When cool, shape into balls and fry in deep fat. Have it at a temperature that will brown a piece of bread in 40 seconds.

Baked Rice and Cheese

When cheese can be digested, baked rice and cheese is a savory dish. Take a cup of cooked rice and put it in a small dish with alternate layers of grated cheese, about half a cup is needed. Sprinkle with salt and

paprika, moisten with about half a cup of hot milk, and bake in a moderate oven for fifteen minutes.

Baked Rice with Meat

When meat is permitted, the following recipe is an unusual form of serving it: Wash a quarter of a cup of rice, place it in a buttered baking dish, add a cup and a quarter of soup stock or water, one cup of milk, a quarter of a cup of minced meat or finely-chopped ham, a teaspoonful of shredded onion and a tablespoonful of chopped carrot. Bake slowly for about two hours, stirring often during the first hour.

Rissotto

This is also a savory way of presenting rice. Cook a quarter of a cup of rice, with half a cup of boiling water and a little salt, in the double boiler for twelve minutes. Have ready a tablespoon and a half of bacon fat in a frying pan. In this fry half an onion and half a green pepper, chopped, for ten minutes, stirring often. Add these to the rice with a quarter of a can of tomatoes and a little paprika. Cook in the double boiler for forty-five minutes.

Mulled Rice

Cook a quarter of a cup of rice in a double boiler, with one cup of hot milk, a teaspoonful of butter and a tablespoonful of sugar until tender. Add a little salt, a small egg, well beaten, and a tablespoonful of grape juice, cook for five minutes. Serve with cream.

Baked Rice Custard

Take half a cup of cooked rice, add one egg well beaten, a tablespoonful of sugar or more if desired, a pinch of salt and three-quarters of a cup of milk. Flavor with vanilla or extract of lemon, or bitter almond. Bake in a moderate oven about twenty minutes. Too long baking will make it watery. Serve hot or cold, with milk, or cream, if liked.

Rice Blanc Mange

Boil half of a cup of rice in three cups of water until every grain is dissolved and there is a thick paste. Stir into this a half cup of sugar, the grated rind of half a lemon, a little salt, a little cinnamon and half a cup of cream whipped to a stiff froth. Press into a hot mould and when stiff turn it out and serve with cream.

Rice Snowballs

Boil half a cup of rice in boiling salted water until tender. Wet small cups and pack the rice into them. When cold and firm remove the center and fill the space with any thick jam or jelly. Turn in a dish and pour round them a little boiled custard, or whipped and sweetened cream.

Most of the rice consumed is produced in Asia. There are several hundred varieties, the two principal ones being the dry or mountain rice, and the wet rice which grows in marshes, and which is periodically inundated. Both the Chinese and Japanese make a wine from the rice, and vinegar is also obtained from it.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

DO THE SCHOOLS FOR NURSES NEED REORGANIZATION?

By Jean I. Gunn,

President Canadian National Association of Trained Nurses

It will be remembered by many that the Rockefeller Foundation has been for some time past investigating the facilities offered for training nurses for public health work. A committee for the study of public health nursing education was appointed, and a great deal of careful investigation has been done.

It has been felt by many of the leading nurse educationists in the United States that the training schools should contribute something to the nurse to form a basis for future study in whatever branch of work she would eventually undertake. The whole system of nurse education seemed to need reorganization, and as a preliminary step the Rockefeller Foundation called a conference at the Hotel Commodore, New York, on February 28th, 1920.

This conference was very representative, including physicians connected with medical schools of universities, some who were superintendents of hospitals, and others interested in different branches of education; nurses who were connected with nursing education in universities; a great many superintendents of training schools, some whose chief interest was public health work, and others connected with the American Red Cross and the Army Schools of Nursing. Through the courtesy of the Rockefeller Foundation, Canadian nurses were represented by Miss Elizabeth Flaws, president of the Canadian Association of Nursing Education, and by the writer.

Following a very enjoyable luncheon, an informal discussion was held, with Dr. George E. Vincent, president of the Rockefeller Foundation, presiding. The outstanding fact of the conference was the shortage of applicants for the training schools. Many of the schools are seriously handicapped by this shortage. There were many reasons advanced, the chief being as follows: (a) The very inadequate education given by many schools; (b) the long hours of duty; (c) the unattractive living conditions for nurses in hospitals; (d) an actual shortage of students, which is being felt in all professions and branches of work.

The following remedies were suggested:

(a) All training schools should be placed on a proper educational

and economic basis. This is the first step toward reorganization of such schools, and might be accomplished in different ways, such as: State aid for training schools for nurses, as well as for hospital maintenance; more public interest by keeping before the public the educational function of the school; interesting the board of trustees in the school from an educational standpoint, as well as from the standpoint of providing nursing care for hospital patients; affiliation with universities where possible.

(b) Establishment of the eight-hour day.

(c) Analysis of work now done by students leading to the employment of ward assistants for routine domestic work.

(d) Improvement of living conditions of students.

Before any actual progress could be made, it was felt by all present that an accurate knowledge of the present system of nurse education should be obtained. To accomplish this, a survey of the schools was decided upon; and the Committee for the Study of Public Health Nursing Education already working under the Rockefeller Foundation was appointed to undertake the work. This committee has power to add to its number, and will report all findings.

Up to the present there is no definite knowledge as to whether this survey will extend to our Canadian schools. Later it is hoped that definite information on this point will be available.

It is inspiring and very hopeful for the future to know that such an organization as the Rockefeller Foundation is taking an active interest in nurse education, and we appreciate the courtesy extended to Canadian nurses by the invitation extended to our two national nursing organizations to be represented.

Duty

This truth comes to us more and more the longer we live, that on what field or in what uniform or with what aims we do our duty matters very little, or even what our duty is, great or small, splendid or obscure. Only to find our duty certainly and somewhere, or somehow, to do it faithfully, makes us good, strong, happy and useful men, and tunes our lives into some feeble echo of the life of God.—Phillips Brooks.

Zeebrugge Memorial

It is proposed to erect on Belgian soil a monument to commemorate the daring achievement of the blocking of the Zeebrugge Canal by the British on St. George's Day, April 23rd, 1918. The City of Bruges has offered a site and £5,000 to start a fund for the erection of an obelisk 30 yards from the spot where the British ships blocked the canal. When finished, the memorial will be visible from far out at sea.

The World's Pulse

By Elizabeth Robinson Scovil

Enfranchised Women

The Belgian Chamber of Deputies has voted in favor of giving women twenty-one years of age the vote. Mrs. Pothnis Smit, a Socialist, has been elected to the Upper House of the Dutch Parliament. She is the first woman member.

Long Distance Telephone

It is now possible to speak from Winnipeg to Montreal by telephone. Voices in the ordinary tone are distinctly heard. The connections are made via New York, Chicago and Minniapolis without relay.

Loud Speaking Telephone

Trumpet-shaped mouthpieces, hanging overhead, reproduced the voice of a woman speaking in a closed room some distance away so that the employees in the noisy yard of the Western Electric Company, Woolich, England, could hear it distinctly.

Woman's Day

Women are to be admitted as Fellows of the Royal College of Surgeons, Edinburgh. In England they act as magistrates and serve on juries. A woman is a member of Parliament, four women are qualifying for admission to the Bar. The latter are all young and attractive, one of them, a Mrs. Thomson, said at a legal banquet, "If we are instructed to wear wigs we shall do our best to adapt our back hair to the correct shape of wig." The Lord Chancellor said, "Hear, hear!" A Miss Maud Royden has been pulpit assistant at the City Temple, London, for two years. She is now associated with Dr. Percy Dearmer in Sunday fellowship services on new lines, to appeal to people who do not go to church. We have our "rights," how about our corresponding duties?

Served With Florence Nightingale

Dr. A. G. Wilkinson, of Northampton, England, has just been presented with a public testimonial. He served with Florence Nightingale at the Barrack Hospital, Scutari, during the Crimean War, and is still in active practice at the age of 85.

New Air Ambulance

Four army airplanes have been converted into a new type of air ambulance for the American Army. Each machine has two basket litters for patients and accommodation for a pilot.

Princess as Nurse

Twice a week, in the red uniform of a V.A.D. commandant, the Princess Mary works at the Great Ormond Street Hospital for Children, London. She does the dressings herself, and does them well. She has a charming way with children, and a fund of conversation to divert their attention from their suffering. At one time, as soon as she appeared in the ward, a tiny boy in one of the cots would pipe up, "I love you, I love you," and continue it at intervals during her stay.

Wireless Telephone

Mr. Geoffrey Isaacs, managing director of the Marconi Company, states that within six months people in London may be speaking to those in New York. The time is approaching when the whole world will be on instantaneous speaking terms. Messages travel at the rate of 200,000 miles a second. It will be easy to hear, even across vast spaces, and the cost will be very moderate. Some of the proposed routes show what is to be expected in the way of communication: England to India, thence to Singapore, Australia and New Zealand, with a branch from Singapore to Hongkong; England to Egypt, thence to East Africa; England to West Africa, with a branch to South America; England to the West Indies; England to Montreal, thence to Vancouver; Australia to Vancouver. Night service only at first.

Mystic Wireless Signals

Mr. Isaacs states that world-wide arrangements are being made to pin down the mysterious signals which wireless operators get from time to time. It is hoped to determine from what direction they come, and if they are picked up in various parts of the world at the same instant. Senator Marconi has said that the possibility of these signals coming from Mars should not be ruled out. The most opportune time for testing this theory is towards the end of April, when Mars is at the nearest point to the earth.

Thyroid Gland Marvels

Professor Julian Huxley is conducting experiments in the administration of a preparation of the thyroid gland. D. F. Leney, of New College, Oxford, his assistant, recently displayed a wonderful collection of thyroid-fed tadpoles, ranging from the egg state to specimens said to be ten years old. Infant tadpoles change into frogs in a short time when given this diet. Even before being fully grown they are sexually mature and their organs fully developed. It is hoped to proceed by gradual stages to birds and animals and prove the secret of the elixir of life in relation to human beings.

When anyone has offended me, I try to raise my soul so high that the offence cannot reach it.—Descartes.

Hospitals and Nurses

NOVA SCOTIA

The April meeting of the N.S.G.N.A., held in the Nurses' Home of the Victoria General Hospital, was of more than usual interest. Miss Hall, inspector of the V.O.N., addressed the members on the institution and wonderful growth of the Order in Canada. She referred to the recent opening in Halifax of a health centre; and to the great impetus which our great calamity, the explosion of December 6th, 1917, had given to interest in the public health; and to the way in which, all over the continent, the public health nurse is being recognized as representing one of the most far-reaching and vitally important crusades of this century.

The routine business transacted included nomination of councillors of the C.N.A.T.N. and the voting of $150.00 towards the expenses of a delegate to the convention in July, although it is hoped that the representation from this province may not be limited to one, but that a large number may be able to attend.

The Nurses' War Memorial Fund and the Nurses' Sick Benefit Fund were other items of business under consideration. Reference was made to the C.A.N.E., and Miss Pemberton expressed regret that the organization has such a limited representation in the Maritime Provinces.

The Alumnae Association of the Victoria General Hospital, Halifax, was recently organized, with the following officers: Honorary president, Miss Pickles, superintendent of nurses, V.G.H.; president, Mrs. H. W. Hall; vice-president, Mrs. Haliburton; secretary, Miss Gertrude Keith; treasurer, Miss Ethel Redmond. Executive: Mrs. W. D. Forrest, Miss Catherine Graham and Miss Florence Fraser. Mrs. W. D. Forrest was appointed convener of the Committee of By-laws.

Demobilized Army Sisters are taking advantage of the generous offer of the Government in the matter of transportation facilities. Miss Ada Benvie and Miss Eva Mosher, both of the Dalhousie Hospital Unit, have left for Pasadena, California.

Miss Annie Benvie has left for a visit to relatives in Saskatchewan, where she will spend the summer. Among the Nova Scotia nurses doing V.O. nursing in the West are Misses Isabel Morrison and Constance Wade.

Miss Palmer, instructor of nurses at the Augusta (Georgia) University Hospital, has been spending a holiday in Nova Scotia.

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NEW BRUNSWICK

The annual meeting of the Alumnae of the General Public Hospital, St. John, was held April 5th in the lecture-room of the hospital, with Miss E. J. Mitchell, the president, in the chair. Miss Mitchell was unanimously re-elected president, and the other officers elected were: First vice-president, Mrs. Fred Dunlop; second vice-president, Mrs. R. A. MacLaughlan; corresponding and recording secretary, Miss Alma Law; treasurer, Miss Kate Holt; additional members of the executive, Mrs. O. A. Burnham, Mrs. J. H. Vaughan, Miss Hattie Blanch; entertainment committee, Miss Belle Howe, Miss Hattie Blanch. All reports were very satisfactory and showed the organization to be vigorous and flourishing. The date for the next meeting was fixed for some time in June.

A meeting of the St. John. local chapter, of the New Brunswick Association of Graduate Nurses was held at the D.S.C.R. Hospital, Lancaster, April 19th. After the routine business refreshments were served, and later the members made a visit through the hospital.

The St. John Local Chapter held a very successful rummage sale April 15th, at which $130.00 was realized for the Anna Stamers Memorial Fund.

In the Knights of Columbus Hall, April 29th, the St. John Local Chapter New Brunswick Association of Graduate Nurses entertained about 250 guests at a most delightful dance. A fine programme of music was supplied by the orchestra, and the nurses had made every arrangement for the convenience and pleasure of their guests. Everyone voted the evening one of the most successful entertainments given by the association. Dainty refreshments were served, and the supper table and supper room were lavishly and artistically decorated in red and white, the colors of the association. The president, Miss Margaret Murdoch, was the convener of the reception committee, and was assisted by Mrs. F. T. Dunlop and Mrs. J. H. Barry. Miss Maud Gaskin was the convener of the general committee, the other members being Miss Newlands, Miss Margaret Dunham and Miss Nellie Donahue. Mrs. D. C. Malcolm and Mrs. R. G. Schofield poured tea and coffee, presiding at the supper table, and Mrs. N. Armstrong was in charge of the serving of the ices. The members of the refreshment committee were Mrs. James McLennan, Miss E. J. Mitchell, assisted by Miss Kate Holt, Mrs. Leonard Dunlop, Miss Belle Howe, Miss Ella McCaffigan and Miss Fraser.

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QUEBEC

A very enthusiastic meeting of the graduates of Jeffery Hale's Hospital Training School for Nurses was held in the sitting-room of the Nurses' Home Monday evening to organize an Alumnae Association. Quite a number of graduates were present. The officers appointed were: Honorary president, Miss Shaw; president, Miss Imrie; first vice-presi-

dent, Miss D. Ford; second vice-president, Miss McKeddie; treasurer, Miss G. Matthews; secretary, Miss U. Gale; councillors, Miss MacKay, Miss A. Savard, Miss Lenfesty, Miss C. Kennedy, Miss D. Ross. Regular monthly meeting first Monday.

Royal Victoria Hospital, Montreal

Miss Elizabeth Wright (1908), for the past twelve years lady superintendent of Rockford Hospital, Rockford, Illinois, has resigned her position to work with the American Red Cross, establishing hospitals in Poland. Miss Wright spent a day in Montreal en route, and was present at the Alumnae dinner on April 28th.

Miss Sims (1898) was a most welcome guest at the Alumnae dinner. Her many friends will be glad to know that she has quite regained her health, after her very sharp attack of acute rheumatic fever last spring.

Miss M. Bellhouse (1916), after two years spent in settlement work, is again on the R.V.H. staff, in charge of a floor in the Ross Pavilion.

Miss Eleanor Baker (1915), who went overseas with the Q. A. I. M. N. S., came down from Napanee, Ont., to attend the Alumnae dinner.

Miss Kendall is taking post-graduate operating-room work in the Ross operating-room.

Miss Dorothy Cotton (1910) and Miss Mabel Lindsay (1898), who served with the C.A.M.C. in England, France and Russia for the duration of the war, are now on the staff of the Rockefeller Hospital, New York City.

Miss Eleanor Gardner (1919) has completed a course in hydrotherapy at the R.V.H., and is at present doing private nursing in Montreal.

Miss Helen Buck (1915), who resigned her position as assistant superintendent, R.V.H., has been appointed superintendent of the Buffalo General Hospital Training School for Nurses. Miss Gladys Strum (1919) is with Miss Buck as instructress of probationers, and Miss Ella Moffatt (1919) and Miss Grace Martin (1919) are in charge of wards in the same hospital.

Miss Beatrice Sanderson (1916) has gone to Victoria, B. C., where her family now resides.

Miss Pidgeon (1913, R.R.C. of the first class), is now in charge of a ward in the R.V.H.

Miss MacLellan (1915), with the C.A.M.C. for the past two years, has returned to the R.V.H. as instructress of probationers.

Miss Amelia Campbell has returned to Montreal after three and a half years in Vancouver with her brother, Dr. Glen Campbell. Miss Campbell has succeeded Miss Hersey as regent of the Edith Cavell Chapter, I.O.D.E.

Mr. and Mrs. K. H. Wright (B. Cavanagh, 1910) have returned from an extended trip in England, Scotland, France and Spain.

Miss Edith Karn (1916) has resigned from the R.V.H. staff, and is now at her home in Woodstock, Ont.

Miss Anna Rowat (1916) has accepted a hospital position in New York City.

Miss E. J. Smith (1906), who has spent the last two years at home in New Brunswick, has gone to Providence, R. I., to do private nursing.

The graduation exercises of the class of 1920, numbering 42 members, will be held in the Nurses' Home on May 5th, and will be followed in the evening by a dance given by Sir Vincent Meredith.

Miss Paquette and Miss F. Smith (1917) are doing private nursing in New York City.

Miss Ruth Cameron (1917) is also engaged in private duty in Vancouver.

Miss Stella Orr (1917) and Miss Imogene Pearson (1916) have been in the South during the winter on private duty, and Miss Leys has just returned from Burmuda.

Miss Felter and Miss E. H. Freeland are spending a short holiday in Atlantic City.

Miss Bessie Stewart (1917) is doing social service work in connection with the R.V.H.

Miss Hersey, superintendent of the R. V. H. Training School, has returned from Atlanta, Georgia, where she attended the convention of the National (U.S.A.) League of Nursing Education.

Among the R.V.H. graduates who have recently returned to Montreal to reside are Mrs. Douglas Ross (Elma Clark, 1917) and Mrs. John Hood (Hanna Bedhen, '19).

Mr. Ross and Mr. Hood were both seriously wounded in the late war.

* * * *

ONTARIO

Collingwood

Miss Minnie McDonald, who has been nursing in Toronto, has been recalled to Collingwood by the illness of her father.

Mrs. Royce (Jessie Shaw) has returned to her home in Guelph from California.

Miss Mary McCulloch, who has been for the past year in New York, is at home for a few months' holiday.

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MANITOBA

Miss M. L. Mellefont, graduate of Brockville General Hospital, who has been on the staff of the General Hospital, Dauphin, Man., has now accepted a position on the staff of the V.O.N. at Burlington, Ont.

Miss Marion Suttle, graduate of St. Boniface Hospital, recently left Winnipeg for a visit to St. John, N.B.

Miss E. F. Macey ('18, W.G.H.) has resigned her position as charge nurse of the operating theatre of the Royal Columbian Hospital, New Westminster, B.C., and has returned to Manitoba, where she is with the Provincial Health Nurses.

The W.G.H. is losing the services of Miss Mabel Wilkins (1907), who has been supervisor of the private wards for several years. Miss Wilkins will spend an extended holiday at her home in Dayton, N.D.

Miss Marion L. Lanton, graduate of Worcester General Hospital, Worcester, Mass., has resigned from the staff at Balfour Sanitarium, Balfour, B.C., and has been appointed to the staff of Edgecliff Sanitarium, Spokane, Wash.

Six months' leave of absence has been given to Miss Selina Munroe (W.G.H., 1910) from her duties with the Child Hygiene Welfare Bureau, and has left for her home at Inverness, Scotland.

The graduating exercises of the Winnipeg General Hospital were held in the lecture hall of Grace Church April 30th, 1920. The following are the names of the graduating class: Sadie Belle Bentley, Hazel Muriel Bannon, Marie M. Bredin, Grace Mary Bedford, Margaret Helen Chalmers, Robena Rutherford Caldwell, Susie Maude Campbell, Margaret E. S. Campbell, Jessie Annie Goddard, Phyllis Althea Grain, Lynette Gunn, Florence Evelyn Gruchy, Jean Eileen Garrioch, Elva Hewitt, Audrey Edith Heath, Gudrun Magny Johnson, Jessie Kerr, Lily Kathleen Kisbey, Georgina Marie McKinstry, Annie Gertrude McMullen, Edith Eleanor McCorquodale, Anna Myrtle Metheral, Elizabeth Walker Millar, Willmot McKenzie, Berenice Miles Overton, Margaret Pirt, Aimee Winnifred Prout, Margaret Edna Parker, Olive Blanche Patrick, Lillian Gladys Russell, Mary Elizabeth Strang, Mabel Gertrude Sperry, Eva Alley Simpson, Eva Catherine Taylor, Mabel Stevanna Taylor, Cory Mabel Taylor, Katherine Marguerite Van Allen, Helen Fraser Watt.

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SASKATCHEWAN

The Maple Creek General Hospital held its graduation exercises for the class of 1920 on Friday, April 23rd. Diplomas were given to the following nurses who completed their course: Misses Almira F. Caswell, M. Eleanor Geddey and Mary T. Christian.

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ALBERTA

In the recent examination for nurses' registration held at the University of Alberta, twenty-nine candidates were granted certificates.

In the death of the Hon. A. G. MacKay, Minister of Health of the Province of Alberta, which took place on April 25th, the nurses have lost

a warm friend and loyal supporter. It was due to Mr. MacKay that the first Registration Bill was put through in 1916. None realized better than he that it was not an ideal Bill, but was largely in the nature of a compromise, and it is also due to him that the various amendments have been made. In the Department of Health, which he took over in 1918, he has proven himself a man of broad vision and keen sympathies in the development of the plans for the establishment of health centres, and of vigor and ability in the carrying out of those plans. He will be much missed in the province.

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BRITISH COLUMBIA

The 1920 class of St. Joseph's Hospital, Victoria, graduated Thursday, April 8th, at St. Ann's Academy Auditorium, Victoria. The motto of the class is "Non Novis Solum," and the class colors red and white. The following are the names of the new graduates: Miss Jessie Dunbar, Miss Edna Dorrell, Miss Thelma M. Steele, Miss Margaret H. Lewis, Miss Georgie A. Smith, Miss Lillian B. Robson, Miss Elizabeth H. Hunter, Miss Jean C. McEwan, Miss M. Eileen White, Miss Emma W. McCoskrie, Miss Olive Scaplen, Miss May M. Tripp, Miss Helen M. Flabbi, Miss Helen M. Cameron, Miss Margaret H. McKenzie, Miss Gertrude M. Rich, Miss Olive E. Kilpatrick, Miss Mary E. Stocks.

The Provincial Red Cross has made an offer to the University of British Columbia to pay the salary of the professor of the proposed chair of Public Health for three years, the salary not to exceed $5,000.00. This offer has been accepted by the University.

Graduating exercises of the 1920 class of St. Paul's Hospital took place April 27th at Lester Court, Vancouver. Eighteen nurses, the largest class, received diplomas and pins. Archbishop Casey and Rev. Father O'Boyle, D.D., addressed the class, as did Dr. E. J. Gray and Mr. J. J. McRae, as representing Acting Mayor Ramsay.

Dr. H. Storrs, chairman of the evening, presented the speakers, and also the special prizes. Most Rev. T. Casey, Archbishop of British Columbia, presented the diplomas. The graduates were: Miss Alberta E. Eremblay, Miss Mary Jane Beatrice Thomson, Miss Mildred A. Prout, Miss Ethel Gilchrist, Miss Wanda M. Hooper, Miss Cassie I. Simmons, Miss Viva E. Town, Miss Jennie A. Morton, Miss Winnifred D. Francis, Miss Margaret M. Dynes, Miss Hester M. M. Constable, Miss Pearl McRae, Miss Alice M. McKinnon, Miss Helen M. Lilleng, Miss M. Louise Koenig, Miss Thelma K. Johnston and Miss Anna L. Cyr.

The special medals awarded were as follows: For efficiency in general nursing, presented to Miss Hester Constable by Dr. R. C. Boyle; for high standing in medical nursing, to Miss Mary Louise Koenig, by Dr. C. W. Proud; for efficiency in general nursing, to Miss Helen Lilleng, by Dr. A. Smith; for proficiency in obstetrics, to Miss Pearl McRae, from Dr. D. W. Kennedy; for efficiency in eye, ear, nose and throat surgery,

to Miss Alice McKinnon, by Dr. T. B. Anthony; for proficiency in surgical nursing, to Miss Beatrice Thomson, by Dr. A. J. MacLachlan; for high proficiency in surgery, to Miss Viva Town, by Dr. E. J. Gray; for operating-room technique, to Miss Ethel B. Galloway, by Dr. H. B. Gourlay; for highest percentage in examinations, to Miss Jennie Morton, by Dr. A. I. Brown; for general proficiency, to Miss Cassie Simmons, by Dr. F. X. McPhillips; for merit, to Miss Jean Gilchrist, by Dr. H. R. Storrs.

Three special gifts from Dr. J. C. Farish, for proficiency in eye, ear, nose and throat surgery, were presented to Miss Lilleng, Miss Cassie I. Simmons and Miss Hester M. M. Constable.

Miss Haskins, R.N., president of the Vancouver Graduate Nurses' Association, presented a card of membership in that association to each graduate, entitling her to a year's membership. A reception followed the graduating exercises, concluding a most enjoyable evening.

At St. Mary's Church, Oak Bay, Victoria, a very pretty wedding took place, when Lieut.-Colonel the Rev. G. H. Andrews officiated at the marriage of Edward Exton, Mayor of Port Alberni, and Miss Victoria L. Eraut, Nursing Sister, who saw four years' service overseas, and is a daughter of Mrs. M. G. Lowes, of 2922 Donald Street, Victoria.

The bride, who was given away by her brother, Chas. T. Eraut, wore a travelling suit of navy blue gaberdine, with a picture hat of navy blue and a corsage bouquet of cream roses, and carried a white-bound prayer book. She was attended by Miss Marion K. Jones, niece of the bride, and a member of the nursing staff of St. Joseph's Hospital, who was prettily attired in a navy blue serge suit and wore a charming rose hat, and carried a lovely bouquet of pink carnations and rosebuds. The bridegroom was supported by J. T. Jeffrey, of Victoria. As the bride and groom walked down the church, Rev. G. H. Andrews played the Wedding March.

After the ceremony the bridal party, relatives and a few friends assembled at the home of Mr. and Mrs. C. T. Eraut, 16 Lewis Street, where a delicious buffet luncheon was served. The groom's gift to the bridesmaid was a lovely crescent brooch of pearls, and to the best man a pearl tie pin in fleur-de-lys shape. The bride and groom were the recipients of many beautiful presents. They left for their home in Port Alberni.

MARRIAGES

Bellwood-Collins—In Toronto, March 24th, 1920, Frances Jean, youngest daughter of Mrs. Harry Collins, Smithdale (graduate General and Marine Hospital, Collingwood), to Alfred Edgar Bellwood, of Staynor, Ont.

Boxer-Brewster—At Montreal, Que., on Monday, December 29th, 1919, Clara Brewster (R.V.H., 1911) to Mr. S. C. M. Boxer.

EXTON-ERAUT—At St. Mary's Church, Oak Bay, Victoria, B. C., April, 1920, by the Rev. G. H. Andrews, Victoria L. Eraut, daughter of Mrs. M. G. Lowes, Victoria, to Edward Exton, of Port Alberni, B. C. Mrs. Exton served for four years overseas.

FARMER-SANDERSON—At Toronto, Ont., on Monday, December 22nd, 1919, Dorothy Mary Sanderson (R.V.H., 1916) to Capt. Albert Henry Farmer, of London, England.

HEDDEN-PATTERSON—St. John, N.B., April 7th, 1920, Freda Paterson (graduate of the General Public Hospital, St. John, N.B., class 1918) to Henry Hedden, M.D.

HOOD-BEAHEN—On Monday, April 26th, 1920, at Ottawa, Anna Beahen (R.V.H., 1914) to Mr. John Hood.

HUTCHESON-YOUNG—At Kentville, N.S., on Monday, December 1st, 1919, Frances Rand Young (R.V.H., 1916) to Capt. Bellenden Seymour Hutcheson, V.C., M.C., M.D., of Cairo, Ill.

MCMAHON-WOODLEY—In Winnipeg, March 3rd, 1920, Miss Woodley, graduate of Woolwich Infirmary, England, to Mr. McMahon, of 9 Middle Gate, Winnipeg, Man.

MORGAN-REVIER—At Cornwall, Ont., on Saturday, January 3rd, 1920, Greta Revier (R.V.H., 1918) to Mr. Ralph Morgan, of St. Catherines, Ont.

PAICE-POMEROY—At St. Clement's Church, Bournemouth, England, on Wednesday, January 28th, 1920, Helen Aline Pomeroy (R. V. H., 1916) to Capt. Eric B. Paice.

PHELAN-WILKS—On Saturday, October 25th, 1919, in Montreal, Dorothy Hemsworth Wilks (R.V.H., 1915) to Major George W. Phelan, M.C., M.D., of Brooklyn, New York.

ROSS-CLARK—At Georgetown, Ont., on Saturday, January 24th, 1920, Mr. Douglas Lamont Ross to Elma Elizabeth Clark (R.V.H., 1917).

Whoever may
Discern true ends here shall grow pure enough
To love them, brave enough to strive for them,
And strong enough to reach them, though the road be rough.

E. B. BROWNING.

Don't fail to keep a stock of uniforms, so that you may always have a set clean.

Deep in the heart of the bird, the flower, the poet, the child, and the Virgin Mother, lies that mystic, fragile, fleeting thing called Happiness. Perhaps after all it is only the power to sense the ideal, share the invisible, grasp the intangible, and build a new world from the same dream-dust God used when He fashioned this.—EDWARD EARLE PURINTON, in *The Triumph of The Man Who Acts.*

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Nathan Littauer Hospital School of Nursing

NATHAN LITTAUER HOSPITAL SCHOOL OF NURSING (Registered) offers a complete general course of three years, with last six months given for specializing in any branch of the work chosen by the student.

Educational requirements, one year of High School or its equivalent. Classes from April and September.

For particulars, address Superintendent, Gloversville, N.Y.

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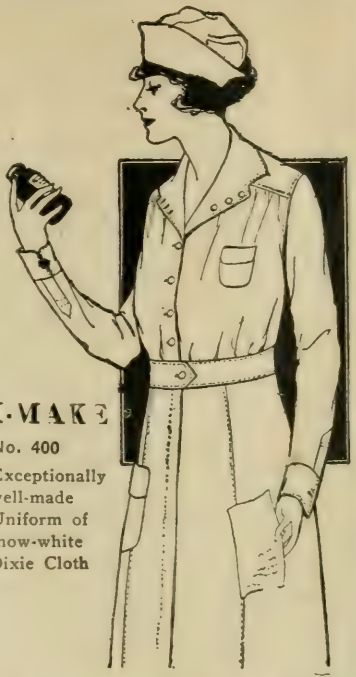

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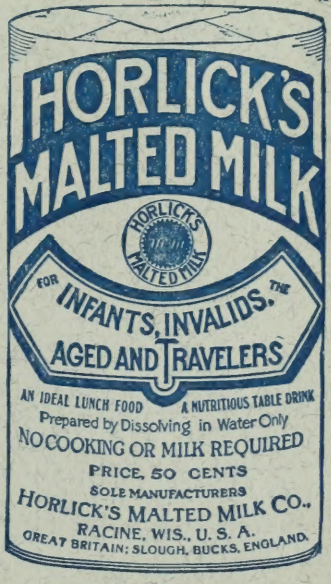

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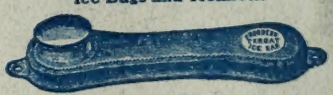

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